

IPSWICH HOSPITAL COMMUNITY CHOIR TERMLY ENROLMENT FORM

Term: Spring 2020

No. Of Weeks: 14 (with one week owing from Autumn term = 13 weeks to pay)

Rehearsal Times: Wednesday, 6:15pm to 8.15pm.

Term Rehearsal Dates: January 8th, 15th, 22nd, 29th
 February 5th, 12th, 19th, 26th
 March 4th, 11th, 18th, 25th
 April 2nd, 9th

Tick as appropriate

Existing member subscription: £39 (13 weeks x £3)

New member subscription: No. of weeks (1st two weeks are free) x £3 = £.....

I consent to Ipswich Hospital Community Choir holding details of my name, address, land-line and/or mobile telephone numbers, and email address(es) for the purposes of communicating with me on any matters relating to choir activity. I understand that I can withdraw this consent at any time via written notification (including by email) to the choir secretary.

Please pay by direct bank transfer to the account below, by 6pm on Wednesday **January 8th** at the latest, providing your surname and first name as the payment reference.

In completing, signing and submitting this form, I confirm that I have read and agree to comply with the IHCC Choir Membership Subscription Terms And Conditions and confirm that I have paid my termly subscription in accordance with the provisions therein.

Member Name:

Signature:

Ipswich Hospital Community Choir bank details:

Sort code: 30-94-55

Account: 83449968

Account Name: Ipswich Hospital Community Choir